



Montana  
**Office of Public Instruction**  
Denise Juneau, State Superintendent

[opi.mt.gov](http://opi.mt.gov)

## Summer Food Service Program Training Certification

Sponsor Name \_\_\_\_\_ Agreement Number \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip Code

Date(s) of Training Session(s) \_\_\_\_\_

Number of Attendees at each Site \_\_\_\_\_

Subject Areas Covered in Training Session(s) \_\_\_\_\_

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Private Non-Profit Organizations with Advances Only

Please complete and mail to:

Office of Public Instruction

School Nutrition Programs

PO Box 202501

Helena MT 59620-2501

or

Fax (406) 444-2955

I certify that required training has been conducted for all sponsor and site personnel to include all applicable federal regulations and that attendance records will be maintained in sponsor files. I also certify that no site will operate the Summer Food Service Program unless site personnel have been trained.

\_\_\_\_\_  
Sponsor Authorized Representative Signature

\_\_\_\_\_  
Date